



CITY OF LAUDERHILL

BACKFLOW RE-CERTIFICATION PERMIT APPLICATION AND INSTRUCTIONS

COMPLETE THE BROWARD COUNTY BUILDING PERMIT APPLICATION. THIS APPLICATION MUST BE SIGNED BY THE CONTRACTOR. THE SIGNATURE MUST BE NOTARIZED. **SUBMIT ORIGINAL.**

COMPLETE THE BACKFLOW DEVICE TEST AND MAINTENANCE FORM. **SUBMIT ORIGINAL WITH BROWARD COUNTY BUILDING PERMIT APPLICATION.**

THE FEE FOR A BACKFLOW RE-CERTIFICATION PERMIT IS \$54.51. IF MORE THAN ONE BACKFLOW IS RECERTIFIED AT A GIVEN ADDRESS, THE FEE IS \$50.00 MORE FOR EACH ADDITIONAL RECERTIFICATION. (FOR EXAMPLE, IF 2 BACKFLOWS LOCATED AT THE SAME ADDRESS ARE RECERTIFIED, THE FEE WOULD BE \$104.51)

ALL PERMIT FEES ARE TO BE PAID AT TIME OF SUBMISSION.

ALL CONTRACTORS MUST BE REGISTERED WITH THE CITY OF LAUDERHILL. LICENSES, CERTIFICATIONS, LIABILITY INSURANCE AND WORKERS COMP INSURANCE MUST BE CURRENT.

APPLICATIONS MAY BE SUBMITTED AT THE CITY OF LAUDERHILL BUSINESS CENTER LOCATED AT 5581 WEST OAKLAND PARK BOULEVARD, LAUDERHILL, FLORIDA. THE BUSINESS CENTER IS OPEN MONDAY – THURSDAY 7:30 A.M. – 6:00 P.M.

IF YOU HAVE ANY QUESTIONS CONCERNING THIS APPLICATION, PLEASE CALL THE BUILDING DIVISION AT 954-954-739-0100.

BROWARD COUNTY UNIFORM BUILDING PERMIT APPLICATION

Select One Trade: ☐ Building ☐ Electrical ☐ Plumbing ☐ Mechanical ☐ Other _____

Application Number: _____

Application Date: _____

1	Job Address: _____	Unit: _____	City: _____
	Tax Folio No.: _____	Flood Zn: _____	BFE: _____
	Floor Area: _____	Job Value: _____	
	Building Use: _____	Construction Type: _____	Occupancy Group: _____
	Present Use: _____	Proposed Used: _____	
2	Description of Work: _____		
	<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Repair <input type="checkbox"/> Alteration <input type="checkbox"/> Demolition <input type="checkbox"/> Revision <input type="checkbox"/> Other: _____		
	Legal Description: _____		
	<input type="checkbox"/> Attachment		
3	Property Owner: _____	Phone: _____	Email: _____
	Owner's Address: _____	City: _____	State: _____ Zip: _____
4	Contracting Co.: _____	Phone: _____	Email: _____
	Company Address: _____	City: _____	State: _____ Zip: _____
	Qualifier's Name: _____	Owner-Builder: <input type="checkbox"/>	License Number: _____
5	Architect/Engineer's Name: _____	Phone: _____	Email: _____
	Architect/Engineer's Address: _____	City: _____	State: _____ Zip: _____
	Bonding Company: _____		
	Bonding Company Address: _____	City: _____	State: _____ Zip: _____
	Fee Simple Titleholder's name (if other than owner): _____		
	Fee Simple Titleholder's Address (If other than owner): _____	City: _____	State: _____ Zip: _____
	Mortgage Lender's Name: _____		
	Mortgage Lender's Address: _____	City: _____	State: _____ Zip: _____

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, WELLS, POOLS, FURNACES, BOILERS, HEATERS, TANKS, and AIR CONDITIONERS, etc.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

X _____
Signature of Property Owner or Agent

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

(Type / Print Property Owner or Agent Name)

X _____
Signature of Qualifier

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____ by _____

(Type / Print Qualifier's Name)

NOTARY'S SIGNATURE as to Owner or Agent's Signature

Notary Name _____

(Print, Type or Stamp Notary's Name)

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

NOTARY'S SIGNATURE as to Qualifier's Signature

Notary Name _____

(Print, Type or Stamp Notary's Name)

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

APPROVED BY: _____ Permit Officer Issue Date: _____ Code in Effect: _____

A jurisdiction may use a supplemental page requesting additional information and citing other conditions, please inquire.

Note: If any development work as described in FS 380.04 Sec. 2 a-g is to be performed, a development permit must be obtained prior to the issuance of a building permit.

BACKFLOW DEVICE TEST & MAINTENANCE REPORT

Building Permit #: _____
 Water Meter #: _____
 Meter Size: _____
 Service Size: _____
 Inlet Pressure: _____

PLEASE PRINT

Name of Premise: _____
 Street Address: _____ Device Location: _____
 Contact Person: _____ Title: _____
 Address: _____ Telephone Number: _____
 Type of Device: RP ☐ DC ☐ PVB ☐ DDC ☐ Size: _____ Manufacturer: _____
 Model Number: _____ Serial Number: _____
 Installed to Specifications: _____ Riser Material: _____ Clearance _____ inches

Pressure Drop Across First Check Valve: _____ PSI : Time Tested: _____ AM _____ PM

	CHECK VALVE #1	CHECK VALVE #2	DIFFERENTIAL PRESSURE RELIEF VALVE	PRESSURE VACUUM BREAKER
INITIAL TEST	1. Leaked <input type="checkbox"/> 2. Closed Tight <input type="checkbox"/>	1. Leaked <input type="checkbox"/> 2. Closed Tight <input type="checkbox"/>	1. Opened at _____ PSI <input type="checkbox"/> 2. Did Not Open <input type="checkbox"/>	1. Air Inlet Opened at _____ PSI <input type="checkbox"/> 2. Did Not Open <input type="checkbox"/>
R E P A I R S	Cleaned <input type="checkbox"/> Replaced: Rubber Parts Kits <input type="checkbox"/> C.V. Assem. <input type="checkbox"/> OR Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced: Rubber Parts Kits <input type="checkbox"/> C.V. Assem. <input type="checkbox"/> OR Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other <input type="checkbox"/>	Cleaned <input type="checkbox"/> Replaced: Rubber Parts Kits <input type="checkbox"/> R.V. Assem. <input type="checkbox"/> OR Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Other <input type="checkbox"/>	Check Valve: Leaked <input type="checkbox"/> Closed Tight <input type="checkbox"/> Cleaned <input type="checkbox"/> Replaced: C.V. Assem. <input type="checkbox"/> Disc Air Inlet <input type="checkbox"/> Disc C.V. <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Retainer <input type="checkbox"/> O-Rings <input type="checkbox"/> Other <input type="checkbox"/>
FINAL TEST	Closed Tight <input type="checkbox"/>	Closed Tight <input type="checkbox"/>	Opened at _____ PSI Reduced Pressure <input type="checkbox"/>	Satisfactory <input type="checkbox"/>

NOTE: ALL REPAIRS/REPLACEMENT SHALL BE COMPLETED WITHIN TEN (10) DAYS.

Remarks: _____

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the unit.

Certified Testing Company: _____

Initial Test By: _____ Test Date: _____ Certificate No.: _____ Cert. Exp. Date: _____

Repaired By: _____ Repair Date: _____ Certificate No.: _____ Cert. Exp. Date: _____

Final Test By: _____ Test Date: _____ Certificate No.: _____ Cert. Exp. Date: _____

Device Installed By: _____ Address: _____

Telephone Number: _____

Testing Period Required: _____ APPROVED BY: _____

(To be filled out by City)

City Plumbing Official

DATE: _____

FORM MUST BE COMPLETED IN ITS ENTIRETY

A COPY MUST BE SUBMITTED WITH THE PERMIT